



Community Action Partnership of San Bernardino County

686 East Mill Street ♦ San Bernardino ♦ California 92415-0610
(909) 891-3863 ♦ Fax (909) 891-9080 ♦ www.sbcounty.gov/capsbc

APPLICATION FOR EMPLOYMENT

Community Action Partnership of San Bernardino County (CAPSBC) is the designated Community Action Agency for San Bernardino County. CAPSBC shall not discriminate in its hiring and personnel procedures against any applicant for employment or any employee because of race, creed, color, national origin, sex, age, religion, disability, marital or veteran status, sexual orientation, or any other legally protected status as specified in the Equal Employment Opportunity Plan of the agency.

Candidates for interviews will be initially considered through an evaluation of their application. Applicants are encouraged to attach resumes and/or other information which will assist CAPSBC in the evaluation of the applicant's qualifications. Education and/or experience will be considered only as it most directly relates to the position applied for. Each applicant will be notified by mail and/or phone if he/she is or is not selected for an interview and/or employment.

A conditional offer of employment will be contingent upon applicant passing a pre-employment background investigation and physical examination to include urine drug testing and TB screening (if applicable to the classification). Newly hired employees will be required to provide proof of authorization to work in the United States.

DATE _____ POSITION APPLIED FOR _____

GENERAL INFORMATION (Please type or print in dark ink).

IMPORTANT: Applications are part of the hiring process and must be filled out completely in order to be accepted for consideration. Insufficiently completed applications may be rejected.

Social Security Number: _____

NAME: LAST FIRST MIDDLE INITIAL

ADDRESS: NUMBER STREET CITY STATE ZIP CODE

PHONE NUMBER: HOME WORK MESSAGE

CAN YOU, AFTER OFFER OF EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? (IMMIGRATION AND NATURALIZATION SERVICE (INS) REGULATIONS REQUIRE ALL EMPLOYEES HIRED AFTER 11/06/86 TO PROVIDE PROOF OF LEGAL STATUS TO BE EMPLOYED IN THE UNITED STATES). ____ YES ____ NO
IF NOT, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? ____ YES ____ NO

(DATE STAMP)

<input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> California High School Proficiency Certificate Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post Graduate ____ Years																								
Name of High School					Address of High School					Attendance From			Date To		Certificate / Diploma									
Name and Address of College, University, Vocational School or Institute					Course of Study or Major					Attendance From			Date To		Degrees, Certificates, Units, Hours if Applicable									
A.																								
B.																								
C.																								
D.																								

If so, please indicate. _____

Have you been discharged from a position or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge? Give name and address of employer, date of discharge or forced resignation and the reason below.

STATE: _____ **TYPE OF LICENSE:** _____ **NO.:** _____ **EXPIRATION DATE:** _____

If so, may we contact your employer? _____ Yes _____ No

Special Skills: Typing __ wpm Shorthand __ wpm Dictaphone/Transcription __ Yes __ No

MS Word __ Yes __ No **MS Excel** __ Yes __ No **MS PowerPoint** __ Yes __ No **Windows 98** __ Yes __ No

Windows 2K __ Yes __ No **Windows XP** __ Yes __ No **MS Outlook** __ Yes __ No **Other** _____

<i>Language</i>	<i>Understand</i>	<i>Speak</i>	<i>Read</i>	<i>Write</i>
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EMPLOYMENT HISTORY

1. Give complete information for jobs held during the past 6 years.

2. Show your Present or Most Recent job first.

3. Verifiable voluntary experience may be considered if job-related.

4. Attach additional sheets if more space is needed.

5. If you were employed under another name, please indicate in "REASON FOR LEAVING" section.

RESUME MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

Name of Employer: _____	
Address: _____	
Telephone Number: _____	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month From: / Year To: /	
Total Months Hours Per Week	
Supervisor:	
Salary: Starting \$ ____mo. Ending \$ ____mo.	REASON FOR LEAVING
Name of Employer: _____	
Address: _____	
Telephone Number: _____	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month From: / Year To: /	
Total Months Hours Per Week	
Supervisor:	
Salary: Starting \$ ____mo. Ending \$ ____mo.	REASON FOR LEAVING
Name of Employer : _____	
Address: _____	
Telephone Number: _____	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month From: / Year To: /	
Total Months Hours Per Week	
Supervisor:	
Salary: Starting \$ ____mo. Ending \$ ____mo.	REASON FOR LEAVING
Total Months Hours Per Week	
Supervisor:	

EMPLOYMENT HISTORY (CONT'D)

Name of Employer: _____	
Address: _____	
Telephone Number: _____	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month / Year From: To: Month / Year	
Total Months Hours Per Week	
Supervisor:	
Salary: Starting \$ ____ mo. Ending \$ ____ mo.	REASON FOR LEAVING
Name of Employer: _____	
Address: _____	
Telephone Number: _____	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month / Year From: To: Month / Year	
Total Months Hours Per Week	
Supervisor:	
Salary: Starting \$ ____ mo. Ending \$ ____ mo.	REASON FOR LEAVING
Name of Employer: _____	
Address: _____	
Telephone Number: _____	
DATES EMPLOYED	JOB TITLE AND DESCRIPTION OF DUTIES
Month / Year From: To: Month / Year	
Total Months Hours Per Week	
Supervisor:	
Salary: Starting \$ ____ mo. Ending \$ ____ mo.	REASON FOR LEAVING

Would you object to the following:

Traveling as required by this position? ____ Yes ____ No **If Yes, explain:** _____

Working over regular working hours when required? ____ Yes ____ No **If Yes, explain:** _____

Have you ever been convicted of any offense by any civilian or military court? If Yes, please note below. You may omit minor traffic violations for which the only penalty imposed was a fine. A criminal record is not necessarily a bar to employment. Each situation is given individual consideration, based on job relatedness.

If Yes, please indicate date, charge, action taken and present status of each conviction. [This section must be completed] .

Will you require any accommodation due to a disability while competing in the selection process?
___ Yes ___ No If Yes, please describe. _____

REFERENCES:

List at least three references whom you have known for at least three years. Do not include relatives.

NAME	ADDRESS/PHONE NUMBER	OCCUPATION

In case of Emergency, please contact:

NAME _____

PHONE NUMBER _____

ADDRESS _____

RELATIONSHIP _____

I HEREBY GIVE MY CONSENT TO HAVE CAPSBC PERSONNEL DIVISION VERIFY MY PAST EMPLOYMENT.

SIGNATURE OF APPLICANT _____ DATE _____

AN EQUAL EMPLOYMENT OPPORTUNITY AND ADA COMPLIANT EMPLOYER

CERTIFICATION OF SIGNATURE STATEMENT

I hereby certify that all statements on this application are true and complete. I further agree that the information and materials submitted with the application become the property of Community Action Partnership of San Bernardino County. In the event of employment, I understand that false or misleading information given in my application or interview(s) may be considered cause for immediate termination. I further agree that the employer shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me. I also authorize the companies, schools or persons named above to give any information relevant to my bona fide employment qualifications and hereby release the aforementioned from all liability for any damages for issuing this information. A photostatic copy of this authorization will be considered to be as valid as the original.

Application will not be considered unless signed.

SIGNATURE OF APPLICANT _____ DATE _____

Position Applied For: _____

Date: _____

CAPSBC IS ASKING APPLICANTS TO COMPLETE THIS FORM IN ORDER TO COMPLY WITH UNITED STATES GOVERNMENT EQUAL OPPORTUNITY REQUIREMENTS. THIS INFORMATION IS SOLICITED ON A VOLUNTARY BASIS AND HAS NO BEARING ON YOUR APPLICATION, ELIGIBILITY OR SELECTION. INFORMATION THAT YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS.

Decline to complete []

PLEASE COMPLETE:

ETHNIC IDENTIFICATION (See below for explanation)

1. [] American Indian/Alaskan Native
2. [] Asian/Pacific Islander
3. [] Black
4. [] Filipino
5. [] Hispanic
6. [] White

SEX

1. [] Female
2. [] Male

DISABILITY (See below for explanation)

Please check if appropriate:

1. [] Hearing
2. [] Visual
3. [] Speech
4. [] Physical
5. [] Developmental
6. [] Other (Specify)

AGE GROUP

1. [] Under 21
2. [] 21-29
3. [] 30-39
4. [] 40-49
5. [] 50-59
6. [] 50 or over

VETERAN STATUS

Are you a Vietnam Era Veteran?

1. [] Yes
2. [] No

SOURCE

How did you learn about this job opening?

DEFINITION

AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal identity.

ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

BLACK: All persons having origins in any of the Black racial groups of Africa, not of Hispanic origin.

FILIPINO: All persons having origins in any of the Philippine Islands.

HISPANIC: All persons of Mexican, Puerto Rican, Central or Southern American, or other Spanish culture or origin, regardless of race.

WHITE: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, not of Hispanic origin. ☐

DISABILITY

VISUAL: Persons who are legally blind in one or both eyes and whose visual acuity even after correction (eye glasses or contact lenses) is 20/200 visual acuity or restricted in the visual field to 20 degrees.

HEARING: Persons with total deafness or inability to hear a normal conversation and/or use a telephone without the aid of an assistive device.

SPEECH: Persons with speech impairments when speech is unintelligible in normal conversations.

PHYSICAL: Persons with orthopedic impairments, amputations of functional limitations if there is: (a) loss of significant impairment of one or both major upper extremities; (b) loss or significant impairment of one or both major lower extremities; and (c) impairment of the trunk, back or spine when there is a medically diagnosed disability which substantially limits one or more major life activities.

DEVELOPMENTAL: Persons who meet the legal definition or have been identified as developmentally disabled. This includes autism, cerebral palsy, epilepsy, mental retardation, and other neurological impairments. ☐☐☐☐